

**DEPARTMENT OF BENEFIT PAYMENTS**  
744 P Street, Sacramento, CA 95814  
(916) 445-0813



June 26, 1978

ALL-COUNTY LETTER NO. 78-23 (County Adult Program)

• TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CUBAN REFUGEE - PROGRAM PHASEOUT INSTRUCTIONS

REFERENCE:

This is to advise you that the Department of Health, Education and Welfare (HEW) has ordered immediate implementation of a phaseout plan for the Cuban Refugee Program (CRP). The Congress has appropriated funds in the HEW budget for the phasedown of the federal share of assistance costs over a six year period. This period will begin with the final quarter of Federal Fiscal Year 1978 (July 1 - September 30, 1978) and end with Federal Fiscal Year 1983 (October 1, 1982 - September 30, 1983).

The provisions of the CRP which allowed full federal reimbursement of all assistance costs will end June 30, 1978. Thereafter, federal reimbursement of CRP related assistance costs will continue but will be based upon a decreasing percentage through September 30, 1983. The share of federal reimbursement available for CRP related assistance costs during the final quarter of FFY 1978 and all of FFY 1979 will be 85%. This percentage is also to be applied to all CRP related assistance costs remaining after deducting any other applicable federal funding sources (i.e., Title IV-A for Cuban cases transferred to AFDC). Although the fiscal provisions of the CRP phaseout shall be effective July 1, 1978, the CRP cash grant program phaseout will not begin until October 1, 1978. Thus, the existing Cuban Refugee grants shall be continued through September 30, 1978.

In accordance with ACL 77-38 (and DBP Telegram of September 19, 1977), all CRP cases eligible for federal AFDC were transferred (and identified for claiming) to that program effective October 1, 1977. All other families and individuals currently being assisted as Cuban Refugees must be transferred to non-federal AFDC and other existing public assistance programs, where eligible, effective October 1, 1978. These cases shall be eligible for cash and other assistance on the same basis as such assistance is provided to non-refugee cases through state and/or local agencies.

TERMINATION/TRANSFER

All persons currently receiving cash assistance through the Cuban Refugee Program must be notified in writing of the discontinuance of the Cuban Refugee cash assistance program and their termination of benefits no later than July 17, 1978. Requirements for proper notice, entitlement to a fair hearing, and payment of aid pending the hearing will apply.

Counties are to send an ABCD 239-A Notice of Action advising recipients of the phaseout of Cuban Refugee cash assistance and of their possible eligibility under other assistance programs. A suggested English and Spanish ABCD 239-A is attached with this letter.

After notification of the termination of CRP and to minimize the impact of the phaseout plan, the following must be accomplished prior to October 1, 1978:

1. Review all Cuban Refugee case files that are not federal AFDC to determine eligibility for AFDC (federal and non-federal), Food Stamps, and any other source of public assistance. Cases found eligible for federal AFDC as of October 1, 1977 and not previously transferred shall be transferred retroactively to October 1, 1977. Cases found eligible for federal AFDC as of a later date shall be transferred effective the date on which such cases qualified for federal AFDC.

Existing procedures and program eligibility criteria shall be used except as follows:

- a. Although CR cases are to be considered as new applications for existing programs, for administrative purposes a new application need not be completed for AFDC if current and reliable information is available in the present case file. If eligibility cannot be determined on the basis of existing information, a new application must be filed. In addition, cases transferred to AFDC should not be reported under Part A of form CA 237 (AFDC Caseload Movement and Expenditures Report). These cases shall be reported in Item 7e, "Other Approvals", of form CA 237, and a footnote added to indicate the number of Cuban Refugee transferred cases. This footnote will be required until all transfers are completed.
- b. Food Stamp Non-assistance cases (NA) which become Food Stamp Public Assistance cases (PA), and Food Stamp NA cases which remain NA cases as the result of this transfer also will not require a new application. However, the change in household status from non-assistance to public assistance shall be reported on the DFA 296 under "Certified Caseload" in Item 7c and under "Reasons for Removal from Certification" in Item 4.

- c. County grant and allowable administrative costs for former CRP cases found eligible for County General Assistance/General Relief (GA/GR) will be reimbursed in accordance with the phasedown schedule for non-federal assistance costs. Cuban refugee cases found eligible for GA/GR should be reported on the GR 237 (4/78) form in Part I, Section A, Item 2a or 2c as applicable. Cases that involve new applications should be included in the case count of Item 2a and footnoted on the same line as "number of CRP's = xxx". Cases which do not need a new application should be included in the case count of Item 2c and footnoted on the same line as "number of CRP's = xxx". This footnote will be required until all transfers are completed. The county share of the grant expenditures for the cases reported above should be included on Line 6, Column C (amount). The remaining expenditures for the same cases, according to the phasedown schedule for non-federal assistance costs, should be footnoted at the bottom of the form as "amount of federal share for CRP cases = \$xxxx,xx". This footnote will be required until the Cuban Refugee phasedown is completed.
  - d. For administrative purposes and to provide for efficient transition, a refugee cash assistance case shall be regarded as a transferred case for both federal and non-federal AFDC. Therefore, the provision of EAS 44-207.222 which requires the receipt of an AFDC payment in one of the immediately preceding four months shall not apply, and income shall be disregarded in accordance with the provisions of EAS 44-111.
  - e. The requirement for registration with the Employment Development Department (EDD) per EAS 41-441.1 need not be accomplished prior to the transfer. However, EDD registration should be completed no later than the 15th of the month following the month of transfer.
- 2. The effective date of eligibility for existing aid programs, other than federal AFDC, for Cuban Refugee cases shall be October 1, 1978. These persons shall be notified in accordance with routine procedures used for new applicants. Appeals related to this action will not be subject to aid paid pending provisions.
  - 3. Cases determined ineligible for state or county programs shall be notified in accordance with routine procedures used for new applicants.

These instructions will be followed by appropriate regulations.

#### ADMINISTRATIVE COST CLAIMING INSTRUCTIONS

Effective July 1, 1978, funding for Cuban Refugee administrative costs has been changed per federal instructions as follows:

1. Cuban refugees now eligible for Federal AFDC

Funding for this category is as follows:

Title IV-A	50 percent
Federal CRP Funding	85 percent non-federal share
State	7.5 percent non-federal share
County	7.5 percent non-federal share

The actual calculation for arriving at federal, state and county sharing is provided for in the county welfare administrative expense claim on the DFA 327.4, Modification C, Cuban-AFDC Reimbursement (Revision date 7/78).

All claiming and time study instructions previously issued relative to this category remain in effect.

2. Cuban Refugees ineligible for an AFDC grant but eligible for assistance under the Cuban Refugee Assistance Program

Effective July 1, 1978, funding for this category will be 85 percent federal and 15 percent county. Counties are to continue to claim costs relative to this category on the Cuban Claim AA 223. All claiming instructions previously issued for the AA 223 remain in effect.

Effective October 1, 1978, counties will no longer claim costs on the AA 223 for non-AFDC Cuban refugee recipients. Non-AFDC Cuban recipients will be required to meet either Title XX or County General Assistance/General Relief eligibility criteria in order to receive federally funded social services or grant assistance. Costs of this program for Federal Fiscal Year 1978-79 will be funded 85 percent federal and 15 percent county.

Social Services costs will be funded on the same basis as are all Title XX services. Costs of providing social services to non-AFDC Cuban recipients who do not meet Title XX eligibility requirements will be 100 percent county funded.

Formal time study and claiming instructions necessary for implementation of these October 1 changes will be issued at a later date.

ASSISTANCE CLAIMING INSTRUCTIONS FOR CUBAN REFUGEES (CR)

For the period July 1, 1978 through September 30, 1978, there will be a minor fiscal change in the CR program. Effective 7/1/78, the percent of federal reimbursement for the CR transferred to the federal AFDC program and for the CR remaining in the CR program will decrease from 100 percent to 85 percent.

The DFA 815 (3/78), Non-federal Share of Expenditures for Cuban Refugee/Indochinese Aid Program Recipients Converted to AFDC, will require a minor revision for the period July 1, 1978 through September 30, 1978. Due to the decrease in the federal reimbursement percent for CR, Line 5d of the DFA 815 (3/78) should read "Item 4 X Item 5c". The Item 3 computation should be omitted. The claiming instructions for the October-December 1978 quarter will be issued prior to October 1, 1978.

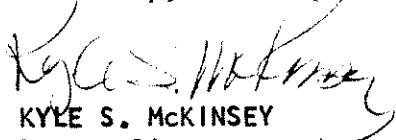
Federal reimbursement of the non-federal share of assistance costs will be in accordance with the following phasedown schedule (fiscal years shown are federal):

FY 1978 - Fourth quarter (July 1-September 30):	85%
FY 1979 - October 1, 1978-September 30, 1979:	85%
FY 1980 - October 1, 1979-September 30, 1980:	75%
FY 1981 - October 1, 1980-September 30, 1981:	60%
FY 1982 - October 1, 1981-September 30, 1982:	45%
FY 1983 - October 1, 1982-September 30, 1983:	25%

Questions on the Cuban Refugee Program phasedown should be directed to the County Adult Program Operations Bureau at (916) 322-6636; claiming and related fiscal inquiries should be directed to the County Fiscal Administration Bureau at (916) 445-7046.

Medi-Cal instructions from the Department of Health are being issued separately. Questions regarding Medi-Cal may be directed to Bill White at (916) 445-1912.

Sincerely,

  
KYLE S. MCKINSEY  
Deputy Director

Attachments

cc: CWDA

**NOTICE OF INTENDED ACTION AND  
RIGHT TO REQUEST A FAIR HEARING** State No.:

District:

Date:

Case Name:

Interpreter Needed: \_\_\_\_\_

LANGUAGE

DIALECT

As a result of Congressional action, the Cuban Refugee Program is being phased out. Effective October 1, 1978 no further cash payments will be made, or other assistance provided, through this Federal Program. Therefore, your cash grant and related benefits will be discontinued effective September 30, 1978.

You may be eligible for further public assistance through state and/or county aid programs. Please contact your county welfare department for further information.

- Although your grant is being discontinued you may request that the District Attorney's Office continue to assist you in locating the absent parent(s) of your child(ren), collecting child support payments and establishing paternity. If collection of support payments is currently being made by the county, you may request that either: (1) this service continue and the payments be sent to you or, (2) the absent parent(s) send support directly to you.
- Although your grant is being discontinued, you and your family may be eligible to receive family planning services if you contact the county welfare department and request these services within three months of the date of this notice.

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This action is required by the following laws and/or regulations:

SSA-AT-78-6 (OFA) Federal instructions on phaseout of Cuban Refugee program.

If you feel your grant should not be changed, please contact \_\_\_\_\_

ELIGIBILITY WORKER

TELEPHONE NO. \_\_\_\_\_

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**IF YOU BELIEVE THIS ACTION IS WRONG, YOUR AID MAY CONTINUE IF YOU ASK FOR A FAIR HEARING WITHIN 10 DAYS OF THE DATE OF THIS NOTICE (SEE REVERSE).**

If you request a hearing, you should use the above form and send the entire page. This will assist in the processing of your case. If someone other than yourself completes and signs this request for a Fair Hearing, you must complete a written statement authorizing that person as your representative.

Date \_\_\_\_\_ On: \_\_\_\_\_ Signed: \_\_\_\_\_

Language \_\_\_\_\_ Dialect \_\_\_\_\_

I have trouble understanding English. Therefore, I am requesting an interpreter for my hearing in the following:

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The reasons for my request for a fair hearing are as follows:

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County regarding the receipt of public assistance.

hereby request a fair hearing before the State Department of Benefit Payments from the action taken by

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### REQUEST FOR FAIR HEARING

Office of the Chief Referee  
State Department of Benefit Payments  
744 P Street, M.S. 15-50  
Sacramento, California 95814

If you wish to request a fair hearing, please complete, sign and send this page to:  
Should you wish to have further information in your language about your Fair Hearing rights, you may contact Public Inquiry and Response at 800-952-5253 (toll free number).

6. State regulations governing Fair Hearings are available at this office of the county welfare department.

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At a Fair Hearing you have the right to be represented by an attorney or any other person (a friend, relative, or other spokesman) of your choice. If you need an interpreter we will provide one for you. You may obtain free legal advice and the services of a lawyer by contacting the nearest legal services office.

4. Your county worker will help you ask for a Fair Hearing.

3. If the Fair Hearing decision is that the county action was correct, and it is determined that you received aid fraudulently, the aid pending the Fair Hearing decision as a result of a willful failure to report facts, or because of any willfully reducing your welfare grant or through other legal means.

IF YOU ASK FOR A FAIR HEARING WITHIN 10 DAYS OF THE DATE OF THIS NOTICE, YOUR AID MAY BE CONTINUED UNTIL THE FAIR HEARING DECISION HAS BEEN REACHED.

Whether you request a conference or not, you also have the right to request a Fair Hearing and decision by the Director of the Department of Benefit Payments (see form below). Your request must be written and must state that you want a hearing and why you are dissatisfied. Your request for a hearing must be made within one year of the date of this notice.

1. You have the right to a conference, contact your county worker within 10 days of the date of this notice. If you want a conference, you may speak for yourself or be represented by a lawyer, a friend or other spokesman. At the conference, representatives of the county welfare department to talk about this intended action. Whether you request a conference, you may speak for yourself or be represented by a lawyer, a friend or other

**NOTIFICACIÓN DE LA ACCIÓN PROPUESTA Y  
DEL DERECHO A SOLICITAR UNA AUDIENCIA  
(FAIR HEARING)**

Número del estado:

Distrito:

Fecha:

Nombre del caso:

Se necesita un intérprete:

Idioma

Dialecto

Como resultado de una acción del Congreso, el Programa de Asistencia a Refugiados Cubanos está siendo eliminado. Desde el 1 de octubre, 1978 no se harán más pagos en efectivo, o se dará ninguna otra asistencia, por medio de este Programa Federal. Por lo tanto, su pago mensual en efectivo y los beneficios relacionados serán descontinuados desde el 30 de septiembre, 1978.

Usted puede ser elegible para asistencia pública dentro de los programas de ayuda del estado o del condado. Por favor, póngase en contacto con su departamento de bienestar del condado para más información.

- [ ] Aunque su pago mensual ha sido descontinuado, usted puede pedir que la Oficina del Fiscal del Distrito continúe ayudándole a localizar al padre/madre ausente de su(s) hijo(s), a cobrar pagos para el soporte de hijos y a establecer la paternidad. Si el cobro de pagos de sostenimiento se hace actualmente por el condado, usted puede solicitar que: (1) este servicio continúe y los pagos le sean enviados a usted o (2) el padre/madre ausente mande el soporte directamente a usted.
- [ ] Aunque su pago mensual ha sido descontinuado, usted y su familia pueden ser elegibles para recibir los servicios de planificación familiar, si se ponen en contacto con el Departamento de Bienestar del Condado (county welfare department) y solicitan estos servicios dentro de los tres meses a partir de la fecha de esta notificación.

Esta acción ha sido requerida en cumplimiento de las siguientes leyes y/o reglas:

SSA-AT-78-6 (OFA) Instrucciones federales para la eliminación del programa de Refugiados Cubanos.

Si usted considera que su pago mensual (grant) no debe cambiarse, por favor póngase en contacto con

TRABAJADOR(A) DE ELEGIBILIDAD

NÚMERO DEL TELÉFONO

**SI USTED CREE QUE ESTA ACCIÓN ESTÁ EQUIVOCADA, SU AYUDA PUEDE CONTINUAR SI SOLICITA UNA AUDIENCIA DENTRO DE LOS 10 DÍAS A PARTIR DE LA FECHA DE ESTA NOTIFICACIÓN (VEA LA PÁGINA DE ATRÁS).**

Si usted solicita una audiencia, tiene que user la forma de arriba y mandar la página entera. Esto ayudará en el proceso de su caso. Si alguna persona que no es usted misma ha llenado y firmado esta declaración para una Audiencia, usted tiene que completar una declaración. Autorizando esa persona como su representante

Fechas

En:

Firmado:

Yo tengo problemas entendiendo inglés. Por lo tanto solicito un intérprete para mi audiencia en el siguiente:

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Las razones para mi petición de una audiencia son las siguientes:

al Conrado de \_\_\_\_\_ relacionada con el recibo de asistencia pública.

por la presente solicito una audiencia ante el Departamento de Pagos Beneficiales del Estado por la acción tomada por \_\_\_\_\_

Dircción

Yo

Número

Teléfono

### PETICIÓN PARA UNA AUDIENCIA

Si usted quiere tener más información sobre sus derechos en la Oficina de "Public Inquiry and Response", en el teléfono gratuito 800-962-6253 en su propio idioma, puede ponerse en contacto con la Oficina de "Public Information".

Si usted desea pedir una audiencia, por favor llene, firme y envíe esta página a:

Office of the Chief Referee  
State Department of Benefit Payments  
744 P Street, M.S. 1B-50  
Sacramento, California 95814

6. La regla del estado que gobernan las Audiencias están a su disposición en la Oficina de Bienesestar del condado.

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5. En la Audiencia usted tiene derecho a estar representado por un abogado u otra persona que use usted escucha (un amigo), parente, u otra persona que habla por usted). Si usted necesita un intérprete, nosotros le preparamos uno. Puede tener consijo legal gratuito y los servicios de un abogado si se pone en contacto con la Oficina de servicios legales más cerca a usted en \_\_\_\_\_

4. Su trabajador del condado le ayudará a pedir una Audiencia.

3. Si la decisión de la Audiencia es que la acción del condado fue correcta, y se determina que usted recibió la ayuda pendiente de la decisión de la Audiencia como resultado de no reportar hechos voluntariamente o por otro plan fraudulento, la Audiencia servirá un pago excesivo y le pude ser recuperada mediante una reducción en su pago mensual o por otros medios legales.

SI USTED PIDE UNA AUDIENCIA DENTRO DE LOS 10 DÍAS DE LA FECHA DE ESTA NOTIFICACIÓN, SU AYUDA PUEDE CONTINUAR HASTA QUE SE LLEVE A LA DECISIÓN DE LA AUDIENCIA.

2. Hayá usted pedido una conferencia o no, usted también tiene derecho a solicitar una audiencia y la decisión del director del Departamento de Pagos Beneficiales (vea la forma de abajo). Tiene que hacer su petición por escrito y declarar que usted quiere una audiencia y por qué no está satisfecho. Su petición para una audiencia tiene que estar hecha dentro del plazo de 1 año de la fecha de esta notificación.

1. Usted tiene derecho a una conferencia con los representantes del departamento del condado para hablar acerca de esta acción propuesta. En la conferencia usted puede hablar por sí mismo o estar representado por un abogado, un amigo u otra persona que habla por usted. Si usted quiere una conferencia, pongase en contacto con su trabajador del condado dentro de los 10 días de la fecha de esta notificación.

Si usted solicita una audiencia, tiene que user la forma de arriba y mandar la página entera. Esto ayudará en el proceso de su caso. Si alguna persona que no es usted misma ha llenado y firmado esta declaración para una Audiencia, usted tiene que completar una declaración. Autorizando esa persona como su representante